



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)		(First)	(Middle)	TELEPHONE
Piltz		Karen	M.L.	528-8200
MAILING ADDRESS (Street)				FAX
745 Fort Street, 9th Floor				536-5869
(City)		(State)	(Zip Code)	
Honolulu		HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
Chun, Kerr, Dodd, Beaman & Wong				528-8200
MAILING ADDRESS (Street)				FAX
745 Fort Street, 9th Floor				536-5869
(City)		(State)	(Zip Code)	
Honolulu		HI	96813	

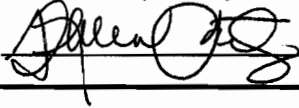
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
ResortQuest Hawaii, LLC			931-1400
MAILING ADDRESS (Street)			FAX
2155 Kalakaua Ave., #500			931-1444
(City)		(State)	(Zip Code)
Honolulu		HI	96815
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Ron Warren			931-1400
MAILING ADDRESS (Street)			FAX
2155 Kalakaua Avenue, #500			931-1444
(City)		(State)	(Zip Code)
Honolulu		HI	96815

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

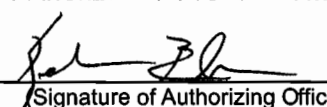


(Signature of Lobbyist)

2/21/2006

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Kelvin Bloom		President and Manager	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
ResortQuest Hawaii, LLC		931-1400	
MAILING ADDRESS (Street)		FAX	
2155 Kalakaua Ave., #500		931-1444	
(City)	(State)	(Zip Code)	
Honolulu	HI	96815	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		22306	
(Signature of Authorizing Officer or Person Represented)		(Date)	